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Bib Data Sheet

CONFIRMATION NO. 9596

SERIAL NUMBER 10/816,396	FILING DATE 03/31/2004 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 51992/AW/W112
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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 ** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>AT</i>		

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TITLE
 Catheter for circumferential ablation at or near a pulmonary vein

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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		<input type="checkbox"/> 1.18 Fees (Issue)

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